



State of Utah
Division of Emergency Services
RACES Program
1110 State Office Bldg
Salt Lake City, UT 84114

<http://deshs.utah.gov>

Phone (801) 538-3400

Fax (801) 538-3772

State RACES # _____



**RADIO AMATEUR CIVIL EMERGENCY SERVICE (RACES)
OPERATOR AND STATION CERTIFICATION**

This form is fillable in Adobe Acrobat Reader. Click when you see an I bar, and fill in area.

Name: _____

Amateur Call: _____

License Class: ☐T ☐P ☐G ☐A ☐E

Expiration: Mo. _____ Yr. _____

Address: _____

City: _____

County: _____

Zip Code: _____ (9 Digit)

Home Phone: _____

Work Phone: _____

Email Address: _____

Occupation: _____

Emergency Skills:

☐Antennas ☐Electronic Tech

☐Towers ☐Electrician

☐Comp. Software ☐Welder

☐Comp. Hardware ☐Carpenter

☐Other Skills: _____

Amateur Leadership Positions: _____

Station Information:

☐HF Base 80/40M

☐VHF Mobile

☐HF Mobile 80/40

☐UHF Mobile

☐Dual Band Mobile

☐VHF HT

☐Dual Band HT

☐UHF HT

☐PSK 31

☐VHF Packet

Affiliations:

☐ARES

☐ERRS

☐CERT Certified

☐MARS Call: _____

☐CAP Call: _____

Alternate Power:

☐Battery, AmpHr _____

☐Solar, Amps _____

☐Generator, KW _____

*****ENCLOSE A COPY OF YOUR AMATEUR RADIO LICENSE WITH APPLICATION *****

I agree to abide by and obey all orders and directives of the Federal Communications Commission as they apply to the Radio Amateur Civil Emergency Service and that any authorization issued in accordance with this application shall be issued with the express understanding that it is subject to revocation or cancellation at any time.

(Signature of Applicant)

(Date)

Emergency Services Organization Assignment:

I hereby certify that the applicant is a member of the above-named Emergency Services organization and has satisfied all requirements for participation in the radio communications network for the area served by that organization.

(Signature of State RACES Officer)

(Date)